

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

AUG 17 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <input type="text"/>	2 Fiscal Year Covered From <input type="text"/> / <input type="text"/> / 2004 Through <input type="text"/> / <input type="text"/> / 2004
3 Name and address of person filing Name <input type="text"/> P O Box, Bldg, Room No, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> Arizona ZIP Code + 4 <input type="text"/>	4 Name, file number, and address of labor organization Name <input type="text"/> Labor Organization File Number <input type="text"/> P O Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> Arizona ZIP Code + 4 <input type="text"/>
5 Position in labor organization <input type="text"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name <input type="text"/> Southwest Service Administrators Trade Name, if any <input type="text"/> P O Box, Bldg, Room No, if any <input type="text"/> Street <input type="text"/> 2400 N Dunlap City <input type="text"/> Phoenix State <input type="text"/> Arizona ZIP Code + 4 <input type="text"/> 85021	7 a Nature of Interest, Transaction, or Income <input type="text"/> 12/2/04 New Orleans Palace Cafe 7 b Amount <input type="text"/> \$97

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

On
Date

Telephone Number